Training Application Fire Officer I (E01B) or II (E02B)

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Fire Fighter Training P.O. Box 30700, Lansing, MI 48909 517-373-7981

Authority: 1966 PA 291

Eligibility - Applicant must be a member of an organized Michigan fire department, 18 years of age or older, and successfully completed Fire Fighter I & II (or old 240 hours certification) AND the Incident Command System course. Completed three (3) years in the fire service on or before the first class session. (Excluded from this course are Pre-service students, Cadets, and Explorers)

Instructions - The applicant is to complete Sections I - III. The applicant's fire chief is to complete Section IV. Both the applicant and fire chief must sign and date the application before submitting to the Course Manager. If a fee is being charged, payment must be arranged with the Course Manager. The applicant must bring a valid operators license with photo -OR- picture ID and a certified copy of his/her birth certificate to the first scheduled class.

Application Deadline - This application must be received by the Course Manager on or before the second scheduled class date.

FIRST NAME

Americans With Disabilities Act - If you have a disability and may require some accommodation in taking this test, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office. The ADA application must be received in the OFFT Lansing office at least 28 days PRIOR to the first class session.

MIDDLE INITIAL

DATE OF BIRTH

HOME ADDRESS COUNTY OF RESIDENCE									
CITY STATE				ZIP CODE	ZIP CODE SOCIAL :		. SECURITY NUMBER*		
DAYTIME TELEPHONE NUMBER (Include Area Code) EVENING TELEPHONE NUMBER (Include Area Code)			ude Area Code)	DRIVER'S LICENSE NUMBER					
II. Fire Department Membership									
DEPARTMENT NAME FDID NUMBER									
DEPARTMENT TELEPHONE NUMBER (Include Area Code) DATE EMPLOYED BY DEPARTMENT (MONTH/YEAR)									
III. Training Requested (Check ONE)									
Fire Officer I (MFRI - IFSTA) Fire Officer II (MFRI - ISTA)** **FO II Prerequisite: Must attach copy of FO I certificate to this form (authentication is course code "E01B" within course number on front of certificate).									
IV. To Be Completed By Fire Chief									
The fire fighter identified in section I above: (Check Yes or No for each statement)							Yes	No	
A. Is 18 years of age or older and a member of above named fire department.									
B. Successfully completed Fire Fighter I & II (or old 240 hours certification) and the Incident Command System course.									
C. Completed three (3) years in the fire service on or before the first class session.									
V. Signatures							•		
I understand that providing false information on this application will result in revocation of certification. I understand that any injury incurred by certification test is the responsibility of the fire							during the		
Signature of Applicant Date				Signature of Fire Chief or Designee			Dat	Date	
The Department of Labor & Economic Growth will not discriming with reading, writing, hearing, etc., under the Americans with D					nal origin, color, marital s	status, disa	ability or political belie	fs. If you need help	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

I. Applicant Information

LAST NAME